



## Voluntary Physician Referral to the Maryland MVA

**Note: This form is only to be used for a physician referral of a driver to the Maryland MVA.**

Patient's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_

**Soundex (to be completed by MVA)** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Please check any of the medical condition(s) below for which you have a concern in relationship to your patient's driving and provide an explanation.** Note: Currently, The Code of Maryland (COMAR) (11.17.03.02; .02-1) informs a licensee or applicant for a driver's license that he/she "shall notify the Administration if the licensee or applicant is diagnosed as having any of the following disorders."

Cerebral Palsy _____	Panic Attack Disorder* _____
Diabetes requiring insulin _____	Impaired or loss of consciousness, fainting, blackout or seizure _____
Epilepsy _____	Disorder which prevents a corrected minimum visual acuity of 20/70 in at least one eye or binocular field of vision of at least 110 degrees _____
Multiple Sclerosis _____	Parkinson's Disease _____
Muscular Dystrophy _____	Dementia, for example, Alzheimer's Disease or multi-infarct dementia* _____
Irregular heart rhythm or heart condition _____	Sleep disorders, for example, narcolepsy or or sleep apnea _____
Stroke, or Transient Ischemic Attack (mini stroke) _____	Autism* _____
Alcohol dependence or abuse* _____	Other [Not in COMAR] _____
Drug or substance abuse or dependence* _____	
Loss of limb(s) _____	
Traumatic Brain Injury (TBI) _____	
Bipolar Disorder _____	
Schizophrenia _____	

\*The Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition (DSM-5®), May 2013 recommends the following diagnoses verbiage: Panic Disorder for Panic Attack Disorder, Neurocognitive Disorders for Dementia; Autistic Spectrum Disorder (ASD) for Autism; Alcohol and Substance Use Disorders for Alcohol, Drug and Substance Abuse and Dependence.

[Please Note: Maryland Vehicular Law §16-119 allows physicians to report individuals with 1) disorders characterized by lapses of consciousness; and 2) disorders that result in a corrected visual acuity that fails to comply with the vision requirements. Physician reports are 1) confidential; 2) may be disclosed only on court order; and 3) may be used only to determine the qualifications of an individual to drive. A civil or criminal action may not be brought against a physician who makes a report under this section and who does not violate any confidential or privileged relationship conferred by law. [Notes: Physician-patient privilege. – Apart from the psychologist and psychiatrist privilege in §9-109 of the Courts Article, there is no physician-patient privilege in Maryland. 71 Op. Att'y Gen. 407 (1986). Disclosure of records. – Prohibitions of §4-301 (b) of the Health – General Article do not prevent physicians from reporting under this section. 71 Op. Att'y Gen. 407 (1986)]

On the following page, please provide the requested information regarding your patient: Thank you.

Patient's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_

Street Address \_\_\_\_\_

City, MD \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**IMPORTANT: Is the level of concern about your patient's medical fitness to drive such that you would recommend IMMEDIATE SUSPENSION of their driving privilege until assessed by the MVA?**

Yes \_\_\_\_\_ No \_\_\_\_\_

## PHYSICIAN ATTESTATION:

1. How long has this patient been under your care? \_\_\_\_\_

2. Date of last visit (mm, day, year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Your name \_\_\_\_\_  
(Please print, type or use stamp)

4. License number \_\_\_\_\_ 5. Specialty \_\_\_\_\_

6. Address \_\_\_\_\_

7. Phone number \_\_\_\_\_ 8. FAX number \_\_\_\_\_

9. Physician Signature \_\_\_\_\_

10. Date of this report (mm, day, year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **This form may be Mailed to:**

Maryland Motor Vehicle Administration  
Driver Wellness and Safety Division  
Attention: Nurse Case Review Manager  
6601 Ritchie Highway, NE, Room 124  
Glen Burnie, MD 21062

**Fax to:** 410-768-7627; (Phone 410-768-7511)

**Email to:** [mvacs@mdot.state.md.us](mailto:mvacs@mdot.state.md.us)

Maryland MVA Driver Wellness and Safety Division, Attention: Nurse Case Review Manager

Per Maryland Vehicle Law §16-119, all medical information obtained will be kept CONFIDENTIAL and used to determine "the qualifications of an individual to drive." In some cases, "The Administration may use information in its records for the purpose of driver safety research, provided that personal information is not published or disclosed."



Apply to register to vote with your driver's license transaction. For details ask your customer agent.